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PETI	TION	FOR EXTENSION OF TIME UNDER 3	Docket Number (Optional)							
	(Fees	FY 2005 pursuant to the Consolidated Appropriations Act, 26	3063-02							
Applic	cation f	Number 10/749,355	Filed 31 December 2003							
For	FOI NECK SOCK COVER FOR A STRINGED INSTRUMENT									
Art U	nit 283	7	Examiner LOCKETT, Kimberly R.							
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.										
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):										
			Fee	Small Entity Fee						
		One month (37 CFR 1.17(a)(1))	\$120	\$60	5					
	X	Two months (37 CFR 1.17(a)(2))	\$450	\$225	<u>\$ 225.00</u>					
		Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$					
		Four months (37 CFR 1.17(a)(4))	\$1590	\$795	5					
		Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$					
X	Applicant claims small entity status. See 37 CFR 1.27.									
A	A check in the amount of the fee is enclosed.									
F	Payment by credit card. Form PTO-2038 is attached.									
_ T	The Director has already been authorized to charge fees in this application to a Deposit Account.									
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3526 I have enclosed a duplicate copy of this sheet.									
WARNING: Information on this form may become public. Credit card information should not be included on this form.										
Provide credit card information and authorization on PTO-2038.										
am the applicant/inventor.										
assignee of record of the entire interest. See 37 CFR 3.71.										
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).										
	X attorney or agent of record. Registration Number 42,505									
		attorney or agent under 37 CFR Registration number if acting under								
/MichaelPEddvPTO42,405/				6 November 2006						
		Signature		Date						
		Michael P. Eddy, PTO #42,405	858-345-1098							
Typed or printed name			Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one										
sgrature is required, see below.  X Total of 1 plus 1 duplicate forms are submitted.										

This collection of information is required by 97 CFR 1.135(a). The information is required to obtain or return a benefit by the public which is to file (and by the IRETTA inprocess) and profession. Confidentially is governed by 35 LS 5.1.32 and 37 CFR 1.13 and 1.4. This collection is extended in their increase in complete including pattering, preparing, and submitting the completed profession from to the USPTO. Three will vary depending under the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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